



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E456624**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-2166	
LOCAL AGENCY CODING	0664	
TOTAL # OF UNITS	04	OBJECT STRUCK

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 08 - 29 - 2015	0945	31	N S E W	0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input checked="" type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>	BLOCK NO.	
20TH ST SE	MILE POST	

DISTANCE	MILES	OF (REFERENCE OR CROSS STREET)
	N S E W	91ST AVE SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253155710
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LAST NAME	PRUETT	FIRST NAME	JOSHUA	MIDDLE INITIAL	J
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STREET NEW ADDRESS	7538 19TH PL SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	PRUETJJ146JM	STATE	WA	SEX	M	D.O.B. MMDDYYYY	04 - 14 - 1986
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	AVC7082	STATE	WA	VIN#	1GKFK63867J300465
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2007	MAKE	GMC	MODEL	YUK4D	STYLE	4W	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **JOSHUA PRUETT 7538 19TH PL SE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # USAA 13703059	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	MANDILE	FIRST NAME	BRANDEN	MIDDLE INITIAL	A
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STREET NEW ADDRESS	7420 20TH ST SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982584532
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	MANDIBA078ON	STATE	WA	SEX	M	D.O.B. MMDDYYYY	09 - 15 - 1993
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 6	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 7	NATURE OF INJURIES CUT TO HAND AND LEG SORENESS
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LICENSE PLATE #	AFP1649	STATE	WA	VIN#	2HGEJ8647TH507183
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1996	MAKE	HOND	MODEL	CIV4D	STYLE	4D	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	RESCUE TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **BRANDEN MANDILE 7420 20TH ST SE LAKE STEVENS WA 982584532 D: 4259313264**

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E456624**

CASE # **15-2166**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		PRUETT NOLAND J																
ADDRESS & PHONE #		7538 19TH PL SE				SEX	M	D.O.B. MMDDYYYY	02	-	13	-	2008					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		KENDALL KELSIE A																
ADDRESS & PHONE #		1605 HOYT AVE EVERETT WA 982012011 8082050293				SEX	F	D.O.B. MMDDYYYY	07	-	29	-	1996					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	4	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		KENDALL MATTHEW E																
ADDRESS & PHONE #		1605 HOYT AVE EVERETT WA 982012011				SEX	M	D.O.B. MMDDYYYY	05	-	09	-	1999					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	4	SEAT POS.	9	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES

NARRATIVE

Unit's #2 MANDILE, #3 MOORE and #4 KENDALL were stopped at the intersection of 20th St SE and 91st Ave SE for a red light. Unit #1 PRUETT failed to stop and struck Unit #2 MANDILE from behind which caused Unit #2 to strike Unit #3 MOORE which caused Unit #3 to strike Unit #4 KENDALL which caused Unit #4 to go forward approximately 10 feet out into the intersection from the impact.

Unit #1 PRUETT stated he locked up his brakes and slid into Unit #2 - causing the chain reaction collision.

Unit #2 and Unit #3 complained of soreness but declined Aid. Unit #1 and Unit #4 stated there were no injuries.

Unit #1, #3 and #4 were driveable. Due to extensive damage, Unit #2 was towed from the scene by Rescue Towing.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS #131

08-29-15 11:42 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

ROBERT MINER 095

8/30/2015 5:19:20 PM

BADGE OR ID #	131	ORI #	WA0311900	TIME POLICE DISPATCHED	9:46 AM	TIME POLICE ARRIVED	9:48 AM
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E456624**

CASE # **15-2166**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		CLEMENSON LISA R																	
ADDRESS & PHONE #		2705 78TH AVE SE LAKE STEVENS WA 98258 4252685473																	
		SEX	F	D.O.B. MMDDYYYY	12			29			1977								
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
		SEX		D.O.B. MMDDYYYY															
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
		SEX		D.O.B. MMDDYYYY															
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

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C. WELLS #131

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

08-29-15 11:42 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

8/30/2015 5:19:20 PM

BADGE OR ID #	131	ORI #	WA0311900	TIME POLICE DISPATCHED	9:46 AM	TIME POLICE ARRIVED	9:48 AM
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SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E456624**

CASE # **15-2166**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

D: 3608885265

LAST NAME

MOORE

FIRST NAME

BETTY

MIDDLE INITIAL

J

STREET NEW ADDRESS

23639 GUNDERSON RD

CITY

MOUNT VERNON

ST

WA

ZIP

98273

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

MOOREBJ594QA

STATE

WA

SEX

F

D.O.B. MMDDYYYY

11

-

01

-

1941

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

INJURY CLASS

7

NATURE OF INJURIES

SORENESS

LICENSE PLATE #

B83899S

STATE

WA

VIN#

3GCPKSE3XBG405580

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2011

MAKE

CHEV

MODEL

C1PU

STYLE

CW

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. BETTY MOORE 23639 GUNDERSON RD MOUNT VERNON WA 98273 D: 3608885265

LIABILITY INSURANCE IN EFFECT ☒

INSURANCE CO & POLICY # COUNTRY P46A4727153

VEHICLE LEGALLY STANDING YES ☒ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

4

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

D: 8082761276

LAST NAME

KENDALL

FIRST NAME

TRENT

MIDDLE INITIAL

C

STREET NEW ADDRESS

1605 HOYT AVE

CITY

EVERETT

ST

WA

ZIP

982012011

GDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

KENDATC408PM

STATE

WA

SEX

M

D.O.B. MMDDYYYY

10

-

14

-

1960

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

APP7854

STATE

WA

VIN#

1N4AL11D74C117183

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2004

MAKE

NISS

MODEL

ALT4D

STYLE

4D

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. TRENT KENDALL 1605 HOYT AVE EVERETT WA 982012011 D: 8082761276

LIABILITY INSURANCE IN EFFECT ☒

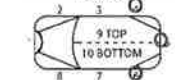
INSURANCE CO & POLICY # GEICO 4330538523

VEHICLE LEGALLY STANDING YES ☒ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.065)

C. WELLS #131

08-29-15 11:42 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID #

131

ORI #

WA0311900

APPROVED BY

MINER

DATE

8/30/2015

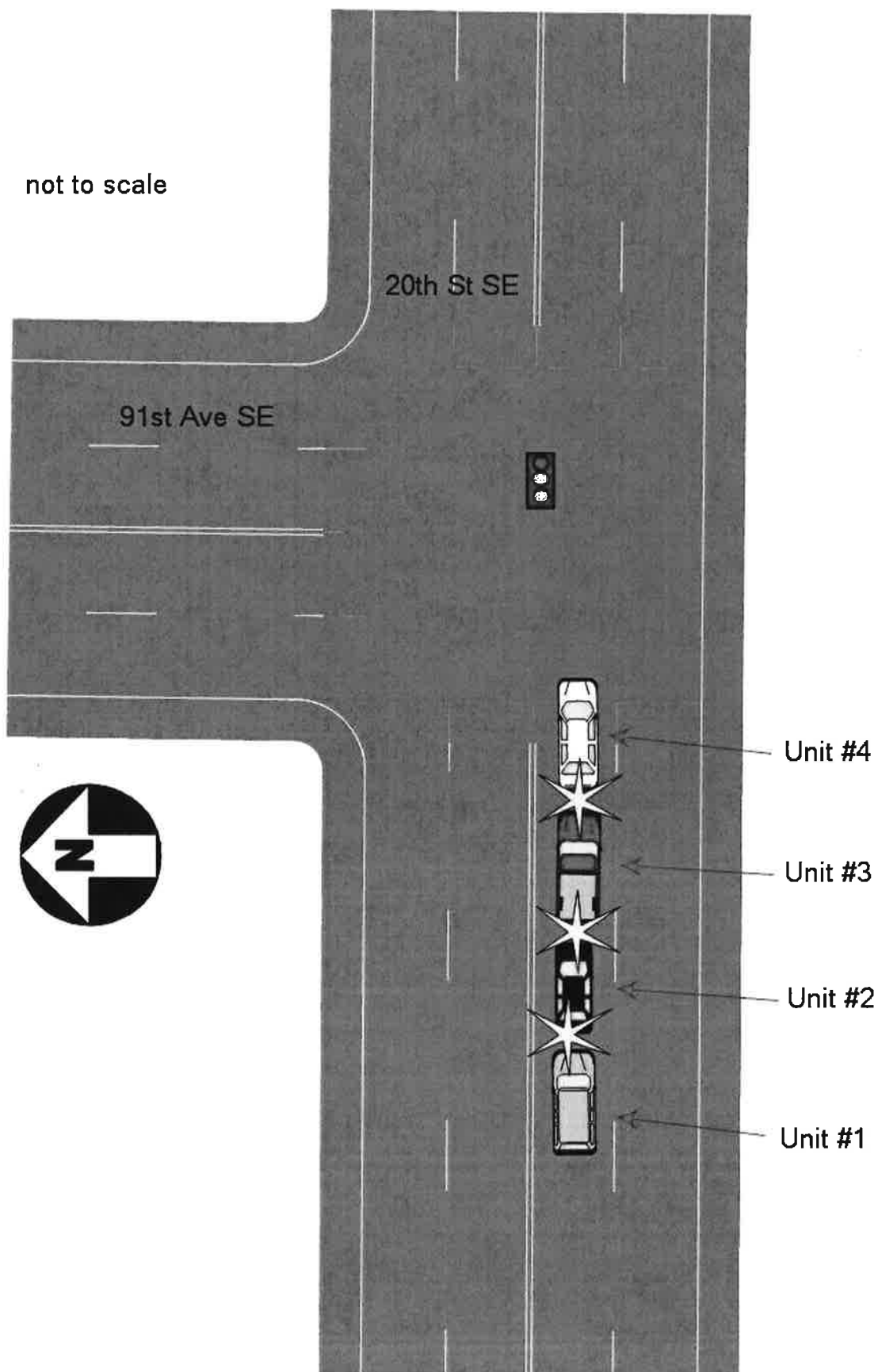
PAGE

4

OF

5

not to scale



CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

15-2166

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM ____
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN 246E38647TH507183				
LICENSE AFP1649	STATE WA	YEAR 1996	MAKE HONDA	MODEL CIVIC
<input type="checkbox"/> Report of Sale		MILEAGE <input type="checkbox"/> Digital	STYLE 4DR	COLOR BLACK

DRIVER

NAME (LAST, FIRST, MI)
 MANDIE BLANDEN A.
 STREET ADDRESS
 7420 20th ST SE
 CITY, STATE, ZIP CODE
 LAKE STEVENS, WA 98258
 PHONE
 9/15/93

REGISTERED OWNER

NAME (LAST, FIRST, MI)
 SAME

LEGAL OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 8/29/15 AT 1008 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE RESCUE

TO REMOVE THIS VEHICLE FROM 20th ST SE / 91st AVE SE, LKS (TOWING FIRM)

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE Same DOL TOW TRUCK NO. 5745-007 DATE 8/29/15

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED <input type="checkbox"/> KEYS [] <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FRONT <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____		

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE x K. BELMARR #120

BADGE NO. 120

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE X

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

15-2166

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN 246E38647TH507183			
LICENSE AFP1649	STATE WA	YEAR 1996	MAKE HONDA
MODEL CIVIC		MILEAGE 4 DR	COLOR BLACK
<input type="checkbox"/> Report of Sale		<input type="checkbox"/> Digital	

DRIVER

NAME (LAST, FIRST, MI)
 MANDIE BLANDEN A.
 STREET ADDRESS
 7420 20th ST SE
 CITY, STATE, ZIP CODE
 LAKE STEVENS, WA 98258
 PHONE
 915/93

REGISTERED OWNER

NAME (LAST, FIRST, MI)
 SAME
 STREET ADDRESS
 CITY, STATE, ZIP CODE
 PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)
 STREET ADDRESS
 CITY, STATE, ZIP CODE
 PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 8/29/15 AT 1008 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE

ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE

TO REMOVE THIS VEHICLE FROM 20th ST SE / 91st AVE SE, LAKE STEVENS, WA (TOWING FIRM)

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

DOL TOW TRUCK NO.

5745-007

DATE

8/29/15

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED <input type="checkbox"/> KEYS [] <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FRONT <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____		

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X K. DEWHAARD #120

BADGE NO. 120

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

EXCHANGE OF INFORMATION

OFFICER NAME: **C. WELLS #131 #131**

COLLISION: **08/29/15 09:45 AM**

CASE#: **15-2166**

AGENCY: **LAKE STEVENS PD**

DISPATCH: **08/29/15 09:46 AM**
ARRIVAL: **08/29/15 09:48 AM**

LOCATION: **20TH ST SE
AT 91ST AVE SE**

NARRATIVE/ NOTES:

UNIT 1:	MOTOR VEHICLE -	2007 GMC YUK4D PLATE: AVC7082 (WA)	TOWED BY:
DRIVER: JOSHUA J PRUETT		VEH OWNER: JOSHUA J PRUETT	
ADDRESS: 14811 MEADOW RD UNIT 2 LYNNWOOD, WA 980876413		ADDRESS: 7538 19TH PL SE LAKE STEVENS, WA 98258	
DL #: PRUETJJ146JM		STATE: WA	
PHONE: (425) 315-5710		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: USAA		INSURED BY:	
POLICY #: 13703059		POLICY #:	
UNIT 2:	MOTOR VEHICLE -	1996 CIV4D PLATE: AFP1649 (WA)	TOWED BY:
DRIVER: BRANDEN A MANDILE		VEH OWNER: BRANDEN A MANDILE	
ADDRESS: 7420 20TH ST SE LAKE STEVENS, WA 982584532		ADDRESS: 19544 ANDERSON RD MOUNT VERNON, WA 98274	
DL #: MANDIBA078ON		STATE: WA	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY:		INSURED BY:	
POLICY #:		POLICY #:	
UNIT 3:	MOTOR VEHICLE -	2011 C1PU PLATE: B83899S (WA)	TOWED BY:
DRIVER: BETTY J MOORE		VEH OWNER: BETTY J MOORE	
ADDRESS: 23639 GUNDERSON RD MOUNT VERNON, WA 98273		ADDRESS: 5928 SUNDOWN LN FREELAND, WA 98249	
DL #: MOOREBJ594QA		STATE: WA	
PHONE: (360) 888-5265		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: COUNTRY		INSURED BY:	
POLICY #: P46A4727153		POLICY #:	
UNIT 4:	MOTOR VEHICLE -	2004 ALT4D PLATE: APP7854 (WA)	TOWED BY:
DRIVER: TRENT C KENDALL		VEH OWNER: TRENT C KENDALL	
ADDRESS: 31608 SR 530 NE ARLINGTON, WA 982235284		ADDRESS: 1605 HOYT AVE EVERETT, WA 98201	
DL #: KENDATC408PM		STATE: WA	
PHONE: (808) 276-1276		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: GEICO		INSURED BY:	
POLICY #: 4330538523		POLICY #:	

Incident History for: #SS15017402

Case Numbers: \$SS15002166

Entered 08/29/15 09:45:45 BY SPCT05 SP0393
Dispatched 08/29/15 09:46:53 BY SPDP17 SP0326
Enroute 08/29/15 09:46:53
Onscene 08/29/15 09:48:08
Closed 08/29/15 10:25:14

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-4 Group: SS1 Beat: SOUT

Src: T

Loc: 20 ST SE/91 AV SE , LKS (V)

Loc Info:

Name: PRUETT, JOSH

Addr:

Phone: 4253155710

/0945 (SP0393) ENTRY , CC, NOW, 4 VEH, NON INJ, BLKING TAN DENALI VS B
LK NISSAN ALTIMA VS RED CHEVY PU, 4 VEH ND, OFC
OS
/0946 (SP0326) DISPER 19D1 #SS120 BERNHARD, OFFICER (KERRY)
/0946 ASSTER 19S13 #SS95 MINER, SGT (ROBERT)
/0947 ASSTER 19D2 #SS131 WELLS, OFCR (CHAD)
/0948 ONSCNE 19D2
/0949 (*****) REMINQ 19D2 APP7854
/0949 (SP0326) REMINQ 19D2 LIC, 19D2, APP7854, , ,
/0949 (*****) REMINQ 19D2 B83899S
/0949 (SP0326) REMINQ 19D2 LIC, 19D2, B83899S, , ,
/0949 (*****) REMINQ 19D2 AFP1649
/0949 (SP0326) REMINQ 19D2 LIC, 19D2, AFP1649, , ,
/0950 (*****) REMINQ 19D2 AVC7080
/0950 (SP0326) REMINQ 19D2 LIC, 19D2, AVC7080, , ,
/0950 ROTREQ 19D2 TOW 5745 LKS RESCUE TOWING
4253345821
/0951 MISC 19D2 , RESCUE TOW ER
/0952 (SS95) CLEAR 19S13
/0954 (SP0326) ONSCNE 19D1
/0956 ASNCAS 19D2 \$SS15002166
/1005 MISC 19D2 , TOW OS
/1023 CLEAR 19D2
/1025 CLEAR 19D1 D/H
/1025 CLOSE 19D1